

**IN THE BANKRUPTCY COURT OF THE UNITED STATES
FOR THE NORTHERN DISTRICT OF CA**OAKLAND**

IN THE MATTER OF: FAINES-RICE, TAUVIA

SSN: ###-##-1760

BANKRUPTCY CASE NO. 0947149RJN

POC AMOUNT: \$21,997.76

**NOTICE OF ASSIGNMENT OF CLAIM
AND
TRANSFeree NOTICE OF TRANSFER
OF PAYMENTS**

Educational Credit Management Corporation (ECMC), the "Transferee", does hereby give notice to the Court that it has accepted assignment and transfer of the student loan(s) included in the claim for the above-referenced debtor from the CALIFORNIA STUDENT AID COMMISSION.

Please direct all future payments and correspondence as follows:

Correspondence:

ECMC
PO Box 75906
St. Paul, MN 55175

Payments:

ECMC
Lockbox 8682
P.O. Box 75848
St. Paul, MN 55175-0848

Pursuant to the attached Assignment from CALIFORNIA STUDENT AID COMMISSION, the Transferor, notification and hearing has been waived with respect to this Notice of Assignment of Claim to ECMC pursuant to Bankruptcy Rule 3001.

EDUCATIONAL CREDIT MANAGEMENT CORPORATION

By: /s/ Johnson, Annetta

ECMC Representative

1/28/2010

Date

UNITED STATES BANKRUPTCY COURT Northern District of California		PROOF OF CLAIM
Name of Debtor: TAUVIA FAINES		Case Number: 09-47149
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wells Fargo Bank, N.A.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where notices should be sent: Wells Fargo Bank, N.A., Wells Fargo Education Financial Services 301 E 58th Street N Sioux Falls, SD 57104 Telephone number: 1-877-599-6787		
Name and address where payment should be sent (if different from above): Wells Fargo Bank, N.A., Wells Fargo Education Financial Services 301 E 58th Street N Sioux Falls, SD 57104 Telephone number: 1-877-599-6787		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>21,997.76</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____ <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
2. Basis for Claim: <u>Unsecured Student Loan</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>1760</u> 3a. Debtor may have scheduled account as: <u>Wells Fargo Bank, N.A.</u> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>21,997.76</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 12/16/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /S/ JANET ROKUSEK / BANKRUPTCY SPECIALIST	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

In Re: TAUVIA FAINES SSN#: XXX-XX-1760 Case #: 09-47149

ASSIGNMENT

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned does hereby assign, transfer and set over to

CSAC

(Guarantor) its claim of \$21,997.76 as filed herein against the above named debtor.

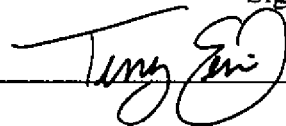
The undersigned specifically waives further notice of any matters in connection with the above and foregoing claims and requests the court to order the subrogation of the above assignee to the rights of the undersigned in said claim. It is further requested that any dividend check respecting this claim be made payable to CSAC (Guarantor), and be mailed or delivered to:

CSAC, PO Box 419036, Rancho Cordova, CA 95741

Creditor: Wells Fargo Education Financial Services, a division of Wells Fargo Bank, N.A.

Signed: Terry Eernisse

Signature



Date:

12/16/09

Subscribed and sworn to before me this

16th

day of

December, 2009

Notary of Public



My Commission Expires October 5, 2015

ORDER

At _____, this _____ day of _____,

with respect to the foregoing, the court finds that the instant claim has been unconditionally transferred, and it is hereby ordered that the transferee is substituted for the original claimant for all purposes with respect to the original claim filed herein, designated as Claim No. _____, in the amount of \$ _____.

Date

Judge



DATE: January 6, 2010

CYCLE:12/30/09

Sue Rehak

Educational Credit Management Corporation
1 Imation Place, Building 2
Oakdale, MN 55128

Dear Sue:

In accord with the agreement of the transfer of all active assets, promissory notes, affected by active bankruptcy actions, I hereby on behalf of the California Student Aid Commission (CSAC) do render the following assignment:

The California Student Aid Commission (CSAC) hereby assigns to the Educational Credit Management Corporation, Inc. (ECMC) its rights, title, and interest in those student loans listed in the enclosure to this letter.

The California Student Aid Commission (CSAC) hereby specifically waives notification and any hearing with respect to the assignment of claim by ECMC pursuant to Bankruptcy Rule 3001.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tracy Roberts for".

Tracy Roberts,
Manager, Claim Adjudication Unit
EdFund

For ECMC Internal use only